

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54881
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 14 2011

\$108

ENTERED

Application No: 11-0419
Date: 11/2/11
Zoning District: R-1 Class 1
Amount Paid: \$108 10/14/11 EAH

INSTRUCTIONS: No permits will be issued until all fees are paid. Bayfield Co. Zoning Dept.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER _____
Use Tax Statement for Legal Description

Legal Description 1/4 of Section 34 Township 44 North, Range 06 West, Town of Grandview
Gov't Lot 4 1/2 S 34 E 304 Subdivision CSM # 804 Acreage 28.0

Volume 5 Page 358 of Deeds Parcel I.D. 04-021-2-44-06-34-3 05-004-10000

Property Owner Steven & Jane Jensen Contractor Karl Rod Representative (Phone) 715-634-6366

Address of Property 46130 Point of View Rd Plumber Lisbeth Plumbing & Heating

Cable, WI 54821 Authorized Agent Mark Curtis (Phone) 715-443-8808

Telephone 678-591-8842 (Home) 404-933-0940 (Work)

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: greater than 75' ☒ 75' to 40' ☐ less than 40' ☐

Structure: New ☒ Addition ☐ Existing ☐ Basement: Yes ☐ No ☒ Number of Stories 1

Fair Market Value 36,000 Square Footage 1500 Sanitary: New ☐ Existing ☒ Privy ☐ City ☐

USE: Type of Septic/Sanitary System Sewer / lift

☐ Residence or Principal Structure (# of bedrooms) _____
Residence sq. ft. _____ Mobile Home (manufactured date) _____

☐ Residence w/deck-porch (# of bedrooms) _____
Residence sq. ft. _____ Porch sq. ft. _____ Commercial Principal Building _____

☐ Deck sq. ft. _____ Deck(2) sq. ft. _____ Commercial Principal Building Addition (explain) _____

☐ Residence w/attached garage (# of bedrooms) _____
Residence sq. ft. _____ Garage sq. ft. _____ Commercial Accessory Building (explain) _____

☐ Residential Addition / Alteration (explain) _____
Commercial Accessory Building Addition (explain) _____

☒ Residential Accessory Building (explain) 30' x 50' Pole barn _____
Special/Conditional Use (explain) _____

☐ Residential Accessory Building Addition (explain) _____
External Improvements to Principal Building (explain) _____

☐ Residential Other (explain) _____
External Improvements to Accessory Building (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Mark Curtis Date Oct-12-2011

Address to send permit 10636 Hayward et Hayward WI: 54843

ATTACH

* See Notice on Back
APPLICANT — PLEASE COMPLETE REVERSE SIDE
(If you recently purchased the property
Attach a Copy of Recorded Deed)

Permit Issued: State Sanitary Number _____ Date _____

Date 11/2/11 Permit Number 11-0419 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. Met with all setbacks. Property lines per agent's
representation. By M. Furtak Date of Inspection 10-30-11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: Not to be used for human habitation. No water under
pressure in structure.

Rec'd for Issuance Signed Michael Furtak 10-30-11
Inspector Date of Approval

Secretarial Staff

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